



Town of Amherst
186 S. Main Street
P.O. Box 280
Amherst, VA 24521
(434) 946-7885

Application for Utilities
Account set up fee - \$25.00

Service Address _____
Effective Date _____

	<u>Applicant</u>	<u>Owner</u>
Name		
Billing Address		
Daytime Phone #		
SSN (Fed ID# if business)		
Place of Employment		

Are there any businesses operated or being operated on the premises? ☐ Y ☐ N
If there is a business on the premises, describe it in this space:

Number of dwelling units on this account ☐

I hereby make application for utility services at the location indicated above and agree to observe and comply with all ordinances of the Town of Amherst concerning utilities and abide by all rules and regulations promulgated by the Town of Amherst as to the sale and consumption of utilities, and further agree to pay all proper charges for utilities used on the above premises at the rate now fixed, or at such rate as may hereafter be fixed by the Town Council of the Town of Amherst, whether used by the undersigned, his sub-tenant or assignee, until such time as the Town of Amherst shall receive proper notice to discontinue utility services and terminate this agreement.

All bills are issued on the last day of each month and are due by the 20th day of the following month. Payments not received by the due date will be assessed a 10% late payment charge. If the bill is not paid by the last day of the month in which the bill is due a disconnect notice will be mailed and the customer given 10 days prior to the disconnection of service. A reconnect fee of \$45.00 and all outstanding balances must be paid prior to service being restored.

Applicant Signature _____ Date _____

I, as owner, request that the utility bills for the above referenced property be transmitted to the applicant. I understand that pursuant to Town Code § 17-2, that I am fully and ultimately responsible for the utilities on the above referenced property. I also understand that I will receive a copy of any disconnect notices that are issued to my tenants.

Owner Signature _____ Date _____

Office Use Only **Account Number** _____

Date Application Received _____ Date Set Up Fee Received _____

Meter Number _____ Last Reading _____

Location: IT OT Rate Class: Residential Commercial

Rate Codes: Water _____ Sewer _____ Refuse Collection _____

Date referred to Utilities Department for reading/initiation of service _____